



U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

1. U.S. Department or Agency FACILITY MAINTENANCE DEPARTMENT		2. Bureau or Service AF		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (Last, First, MI.) OSHEIDU RAPHAEL				5. Employee or Social Security Number 206904171	
6. Duty Station ABUJA		(City) FCT		(Country) NIGERIA	
7. NATURE OF ACTION REQUESTED <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period 3000		From: 0		To: 3000	
Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution AMEEMCA UBANICON LUXURY ABUJA				Routing/EIN Number	
				Depositor Account Number 1024035311	
8. AUTHORIZATION BY ALLOTTER <p>I hereby request and authorize a regular allotment to be <input checked="" type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.</p>					
A. Signature of Allotter in Full (Sign Original Only)				Date (mm-dd-yyyy) 9/15/2021	
B. Countersigned (Allotter - Administrative Officer)				Date (mm-dd-yyyy)	
9. ADMINISTRATIVE ACTION					
Appropriation				Date (mm-dd-yyyy)	
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)			Date (mm-dd-yyyy)
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					